

<b>Case Number:</b>	CM15-0135591		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	04/02/2014
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old who sustained an industrial injury on 4-2-14. The diagnosis is end-stage osteoarthropathy right knee. In a follow up consultation- primary treating physician report dated 4-28-15, the physician notes right knee pain is rated at 8 out of 10. Objective findings note tenderness of the right knee at the medial and lateral joint line. Lacks 10 degrees on extension and flexion is 90 degrees with pain. There is crepitus with range of motion. A right total knee arthroplasty will be scheduled. Work status is noted as temporarily partially disabled until the date of surgery at which time he will be temporarily totally disabled. In a follow up consultation primary treating physician report dated 5-19-15, the physician notes dispensing Ondansetron 8mg due to history of post-operative nausea following an unrelated surgery. The requested treatment is Ondansetron 8mg per a 5-9-15 order.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Ondansetron 8mg #30 per 05/19/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Online Version - Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ondansetron prescribing information.

**Decision rationale:** The claimant sustained a work injury in April 2014 and continues to be treated for right knee pain. When seen, authorization for right total knee replacement surgery was being requested. The claimant had a history of postoperative nausea after an unrelated surgery and for this reason ondansetron was prescribed for use following the planned knee arthroplasty. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. In this case, the claimant had not undergone the planned surgery. Predicting whether or not there would be post-operative nausea is not possible. If it were to occur, this medication would still be available if needed. When prescribed, however, it was not medically necessary.